South Carolina Department of Social Services P.O. Box 1520, Columbia, S.C. 29202-1520

CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM

If you need help filling out this form, you may call the DSS Office of Civil Rights.

Food Stamp complaints may be made verbally.

Telephone: 1-800-311-7220 TTY: 1-800-311-7219 Fax: (803) 898-7269

Information So We Can Contact You: Your Name: __ ______ Telephone: ______ Address: _____ City: _____ State: ____ County: ____ Zip Code: ____ Who do you think discriminated against you? _____ Job: _____ Address Where Person Works: _____ _____ County: _____ State: ____ Zip Code: _____ What happened? ___ You Believe You Were Discriminated Against Because of Your: □ National Origin □ Race ☐ Color □ Disability □ Sex □ Age □ Religion □ Political Beliefs What date did this happen? _____ Your Signature: _____ _____ Date: _____

DSS Form 2601 (JUN 07) Edition of APR 00 is obsolete.